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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 MAR -4 PM 3:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000034370

Name and Mailing Address

0013725 01 AT 0.292 **AUTO TS 0 0615 34681-106767
FUSION PROPERTIES, LLC
PO BOX 1067
CRYSTAL BEACH FL 34681-1067

CR2E034 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
12/20/2002

Principal Place of Business
884 POINTE SEASIDE DRIVE
CRYSTAL BEACH FL 34681

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
56-2309831
Applied For
✓ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

MASER, PATRICIA M
884 POINTE SEASIDE DRIVE
CRYSTAL BEACH FL 34681

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

400026348284
03/04/04--01064--005 **50.00

City FL Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 12-24-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Pres.	Andrew Maser	884 Pt Seaside Dr. PO Box 1067	Crystal Beach FL 34681

400026348284
01/07/04--01035--005 **150.00

REINSTATEMENT 2003-040

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 2-24-04 Daytime Phone # (727) 781-6984

Typed or printed name of signing Managing Member/Manager _____